

INFORMATION SHEET FOR

**CONSENT ONLY**

Tow Vehicle Safety Permit(s)

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ASP TROOP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
(Indicate Db a or Inc.)

MAILING ADDRESS: \_\_\_\_\_  
(Street or P.O. Box) (City) (Zip Code)

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ OWNER: \_\_\_\_\_  
(Print Please)

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INSURANCE INFORMATION:

Agent: \_\_\_\_\_ Carrier \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

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**DEFINITION:** “Consent,” means towing, storage, or recovery of any vehicle and which towing, storage, or recovery is done with the permission of the owner or other person in charge of the vehicle.

NOTE: “Person in charge” shall not include any law enforcement officer who is working an incident involving the disabled or otherwise inoperative vehicle.

Arkansas Towing & Recovery Board  
PO Box 8285  
Searcy, AR 72145-8285  
Phone: (501) 278-5225  
Fax: (501) 278-5255